

November 13, 2019

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Kevin Brady  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
1139 Longworth House Office Building  
Washington, D.C. 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, thank you for holding this hearing, “Caring for Aging Americans.” As you well know, with 10,000 Americans aging into the Medicare system every day, it is critical that our health care system is well-prepared to ensure that older populations have access to the lifesaving, high-quality emergency care they need and deserve.

Emergency departments (EDs) play an essential role in the health care system and the appropriate management of Medicare beneficiaries with complex and potentially severe medical problems. Geriatric emergency care is a new and rapidly growing area within the field of emergency medicine, as older individuals presenting in the emergency department have specific health care needs that must be addressed in a caring and creative manner. Some of these specific issues include polypharmacy, ambulatory and vision problems, recent falls and fall risks, delirium, dementia, and more. Standardization of this care for older Americans will help optimize both treatment and outcomes for this growing population.

Recognizing this need, ACEP established the Geriatric Emergency Department Accreditation (GEDA) program, an innovative effort to improve the quality and standards of care for our nation’s older patients. Since the accrediting process began in 2018, accreditation has been granted to 99 hospitals, with more than 200 additional emergency departments already in the pipeline. The development of the GEDA program follows a broader series of related efforts dating as far back as 2013, when ACEP, the Society for Academic Emergency Medicine, the American Geriatrics Society, and the Emergency Nurses Association released the “Geriatric Emergency Department Guidelines” – a consensus-based collaborative effort aimed at improving geriatric emergency care.

A “geriatric emergency department” does not necessarily mean a separate space or facility for older adults, but rather integration of best practices for older adults – optimization of treatment protocols, education of physicians and other providers, structural enhancements, and improved community connections. This can include:

- Recognized staff including an MD/DO champion and an RN champion
- Supplementary education for all staff about older ED patients
- Screening for high-risk conditions specific to older people
- Processes, protocols, or procedures that enhance care of older people
- An interdisciplinary team (e.g., nurses, social workers, pharmacists, physio- and occupational therapists, physician assistants, physicians) to improve assessment of older adults.

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There are three levels of geriatric ED accreditation, which once granted lasts for three years. Level 3 accreditation is within reach of every hospital and includes one or more geriatric-specific initiatives that are reasonably expected to improve the level of elder care in one or more areas, along with necessary training of appropriate personnel to implement these efforts. Level 2 accreditation criteria is more advanced, identifying sites that have integrated older adult initiatives into their daily operations, with interdisciplinary cooperation for the delivery of senior-friendly services. Level 1 criteria is the most comprehensive, where an ED has senior-specific policies, guidelines, procedures, interdisciplinary staff (both in the ED and throughout the larger institution), outcome measurement, and evaluation efforts.

GEDA's strategic focus on care for older Americans will help meet the "triple aim" of health care – improved outcomes, improved population health, and reduced cost of care. Geriatric patients have unique health needs that require significantly more resources throughout the care continuum, and especially as the Medicare program moves toward a system that rewards value-based care, efforts like GEDA will help facilitate more effective and efficient care delivery for this vulnerable population. Further, geriatric ED accreditation provides the added benefit of increased transparency for seniors, as accreditation signals to the public that an institution has taken specific, tangible steps to provide the highest level of care for older patients. Ultimately, through efforts like GEDA and other complementary programs, these collaborative, coordinated efforts will help alleviate the strain upon Medicare and ensure that this vital program remains healthy and robust for current and future generations alike.

As you well know, caring for older Americans requires consideration of multiple components of the health care system – acute, post-acute, long-term, and end-of-life care. ACEP stands ready to serve as a resource to the Committee and your staff as you continue your examination of this critical issue, especially as it relates to improving the delivery of acute care for our nation's seniors. We appreciate the opportunity to introduce you to the GEDA program and would be happy to provide any additional resources or information that will assist you in your ongoing efforts to ensure access to the high-quality health care America's seniors need and deserve.

Sincerely,

A handwritten signature in black ink that reads "William P. Jaquis". The signature is written in a cursive, flowing style.

William P. Jaquis, MD, MSHQS, FACEP  
ACEP President